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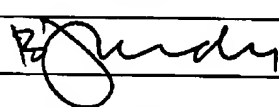
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Request for Customer Number (PTO/SB/125) submitted herewith.

in the following listed application(s) or patent(s):

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/306,420		08/15/1997
	09/331,713		12/23/1997
	60/138,614		06/11/1999
	60/138,621		06/11/1999
	60/143,546		07/13/1999
	09/397,672		09/16/1999
	09/448,894		06/23/1995
	60/169,287		12/07/1999
	09/083,969		05/26/1998
	09/575,794		05/22/2000

Typed or Printed Name	B. J. Sadoff	(check one)
Signature		<input type="checkbox"/> Applicant or Patentee
Date	May 3, 2005	<input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer:	1100 North Glebe Road, 8 th Floor Arlington, VA 22201	<input checked="" type="checkbox"/> Attorney or Agent of record
		36663 (Reg. No.)

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

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